

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4593HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/19/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVADA DESERT HOME HEALTH SERVICES, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4170 S DECATUR, D-6 LAS VEGAS, NV 89147</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Focus State Relicensure survey conducted in your facility on 4/19/11. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The current census was 67. Five patient records were reviewed. Nine employee records were reviewed. Two families or patients were interviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	H 00			
H133	<p>449.770 Governing Body; Bylaws</p> <p>8. The governing body is legally responsible for the appointment of a qualified administrator and the delegation of responsibility and authority. This Regulation is not met as evidenced by: Based on document review and staff interview, the governing body of the agency failed to appoint and authorize a qualified administrator to be responsible for the day to day operations of the agency.</p> <p>On 4/19/11, at 9:00 am, at the entrance conference, it was discovered the administrator of record had left on 4/14/11 after giving verbal notice of his departure.</p> <p>In an interview, the newly appointed Director of</p>	H133			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H133	Continued From page 1  Clinical Services stated that no one had been appointed to replace him as acting administrator until a permanent replacement could be found.  Approximately 3 hours later, the governing body faxed a document appointing the DOCS as acting administrator.  Severity: 2 Scope: 3	H133			
H152	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall: (a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188 ; (b) Obtain an oral and written confirmation of	H152			

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H152	<p>Continued From page 2</p> <p>the information contained in the written statement obtained pursuant to paragraph (a);</p> <p>(c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188 .</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints</p>	H152			

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H152	<p>Continued From page 3</p> <p>from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The Central Repository for Nevada Records of Criminal History may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. (Added to NRS by 1997, 442; A 1999, 1946</p> <p>Based on record review and staff interview, the agency failed to provide criminal background checks on employees as required by statute for 3</p>	H152			

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H152	Continued From page 4  of 9 employees. (Employee #3, #6 and #9 )  Employee #3 Review of the employment file revealed no documentation of fingerprinting or the reports of the background check, from the FBI or the Central Repository for Nevada Records of Criminal History.  Employee #6 Review of the employment file revealed no documentation of fingerprinting or the reports of the background check, from the FBI or the Central Repository for Nevada Records of Criminal History.  Employee #9 Review of the employment file revealed no documentation of fingerprinting or the reports of the background check, from the FBI or the Central Repository for Nevada Records of Criminal History.  Severity: 2 Scope: 2	H152			
H153	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and  This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or	H153			

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H153	Continued From page 5  suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his	H153			

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H153	<p>Continued From page 6</p> <p>designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on review of employee files and staff interview , the facility failed to ensure compliance with chapter 441A of Nevada Administrative Code</p>	H153			

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H153	<p>Continued From page 7</p> <p>for 8 of 9 employees who needed to be tested for exposure to Tuberculosis (Employee #1, #3, #4, #5, #6, #7, #8 and #9).</p> <p>Employee #1 Review of the employment file revealed no documentation of a two-step tuberculin skin test, documentation of a positive tuberculin skin test, or physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage.</p> <p>Employee #3 Review of the employment file revealed no documentation of a two-step tuberculin skin test, documentation of a positive tuberculin skin test, or physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage.</p> <p>Employee #4 Review of the employment file revealed no documentation of a two-step tuberculin skin test.</p> <p>Employee #5 Review of the employment file revealed no documentation of a two-step tuberculin skin test.</p> <p>Employee #6 Review of the employment file revealed no documentation of a two-step tuberculin skin test, documentation of a positive tuberculin skin test, or physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage.</p> <p>Employee #7 Review of the employment file</p>	H153			

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H153	Continued From page 8  revealed no documentation of a two-step tuberculin skin test, documentation of a positive tuberculin skin test with a chest radiograph and a subsequent evaluation by a physician for active tuberculosis disease.  Employee #8 Review of the employment file revealed no documentation of a two-step tuberculin skin test.  Employee #9 Review of the employment file revealed no documentation of a two-step tuberculin skin test.  Severity: 2 Scope: 3	H153			
H165	449.787 Duty to Provide Skilled Nursing  A home health agency is directly responsible for providing skilled nursing care and home health services, and may include other services such as physical therapy, occupational therapy, speech therapy, medical-social services, nutritional guidance, pharmaceutical services, appliances and equipment services. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure skilled nursing services and physical therapy services were provided as ordered for 4 of 5 records reviewed, (Patient#2, #3, #4 and Patient #5).  1. Patient #2 Review of the record revealed the physician ordered a social worker evaluation for treatment on 3/29/11. The documentation showed the evaluation did not take place until 4/6/11.  2. Patient #3 Review of the record revealed the physician order social worker evaluation on	H165			

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H165	Continued From page 9  4/10/11. The documentation showed no evidence the services were provided 4/15/11.  3. Patient #4 Review of the record revealed the physician order a speech therapy evaluation for treatment on 4/1/11. The documentation showed that as of the date of the survey, the evaluation had not taken place.  4. Patient #5 Review of the record revealed the physician order for physical therapy and occupational therapy evaluations for treatment on 3/29/11. The documentation showed the physical therapy evaluation was conducted on 4/5/11 and the occupational therapy evaluation took place on 4/11/11.  5. Further record review revealed there were no physician orders to delay or put the services on hold.  Severity: 2 Scope: 3	H165			
H171	449.791 Duties of Personnel  3. The certified home health aide must be trained to function as a member of the health services team. Under the supervision of a registered nurse, he may: (a) Give the patient personal care, including assistance in the activities of daily living. (b) Perform certain household services to ensure that the patient's nutritional needs are met and to maintain a safe and clean environment for him. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure the certified home health aide had a plan of care signed by the registered nurse case manager to provide instruction for	H171			

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H171	Continued From page 10  care of the patient in 1 of 5 patient records sampled. (Patient #1).  Patient #1 Review of the record revealed no care plan for the home health aide to follow signed by a registered nurse for the certification period of 3/13-5/11/11.  Scope: 1 Severity: 2	H171			
H184	449.797 Contents of Clinical Records  Clinical records must contain: 1. The name, address and telephone number of hte person who will be notified in an emergency involving the patient. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to ensure patient files contained the name, address and telephone number of who to notify in an emergency involving the patient for 5 of 5 records reviewed. (Patient #1, #2, #3, #4, and #5)  Severity: 2 Scope: 3	H184			
H188	449.797 Contents of Clinical Records  Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney for heath care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; (NRS 449.800 to 449.860 repealed in 2009, referenced now at NRS 162A.700 to 162A.860) and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant	H188			

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H188	<p>Continued From page 11 to NRS 449.600.</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure that records contained copies of the patient's legally executed documents for durable power of attorney, according to NRS 449.860, inclusive or their declaration governing advanced directives as executed pursuant to NRS 449.600 for 1 of 5 residents (Patient #4).</p> <p>Review of the file of Patient #4 indicated the patient had executed documents designating a durable power of attorney for health care and advanced directives for the withholding or withdrawal of life-sustaining treatment according to the requirements of the law. There was no documented evidence of these documents.</p> <p>In an interview with the director of clinical services revealed he was not aware the files lacked copies of the required documents.</p> <p>Scope: 2 Severity: 2</p>	H188			

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